

CITY OF DUBLIN APPLICATION FOR VOLUNTEERS

City of Dublin 100 Civic Plaza Dublin, CA 94568

INSTRUCTIONS: Fill out the information requested on the application and submit the completed form to the address above

A 12 12 6 37 1 1 12								T.B. A. 11.11	
Application for Volunteer position a				_	_			Date Available:	
Junior League Progra			Youth Sports	s/Coach		Aquatic Water Safety	/ Program		
Dublin Senior Center			Police		Other:				
Last Name:				First N	lame:			M.I.	
Present Street Address:				City:			State:	Zip Code:	
Home Telephone Number:	Work	Telenh	one Number:	l	Pager or Cell N	umber:	E-mail add	iress:	
()	()			()				
()	\				(/				
If you have any relatives working f	or the City	y of Du	ublin, list name a	and rela	tionship:				
Education: Please Circle	the High	est Gr	ade Completed		You must be a	citizen of the USA or	a nermane	nt resident alien who is	
eligible for and has applied for citizenship. Can you provide such									
Grammar School High School College Graduate documentation prior to placement?								you provide addit	
12345678 9101112		1234	1234	1	accamentation	Yes	□No		
1 Please briefly explain why you	ara intara	octod ir	a valuntaarina f	or the of	novo donartment				
1. Please briefly explain why you	are intere	esteu II	i volunteening it	or trie at	ove department.				
2. List any Volunteer or Paid expe	rionaa ra	vlatad t	a vaur valuntaa	r intoroc	.+.				
Position(s) Held		To	Pls. check or		ol.	Duties		Worked with:	
Position(s) Heid	Fm	10	PIS. CHECK OF	ie		Dulles			
			☐ Paid ☐ Volu	nteer				☐ Children ☐ Teenagers ☐ Adults ☐ Seniors	
								Children Teenagers	
			☐ Paid ☐ Volu	nteer				Adults Seniors	
					ı.	1.	, ,		
3. List any special skills, knowled			tificates, registra	ations o	r licenses you ma	y possess or macnii	nes/equipme	ent that you can operate	
which might apply to volunteer	assignme	ents:							
CLERICAL/OFFICE		PUTERS		MARK	ETING/COMMUNICA		<u>ACTIVITIE</u>	S/EVENTS	
☐ Reception/Phones ☐ Data Input/Ent		grammin			eter/Resource/Referral		☐ Instructo		
☐ Fliers/Graphics ☐ Cash Register			ations 🗆 Hardware		ntact Community Group	os 🗆 Foreign Language			
☐ Filing/Typing: WPM	□Geo	ographic	Information System	∐ Jou	ımalism/Research			/Dishwasher	
TEACHING SKILLS							MAINTEN	ANCE	
☐ Drawing ☐ Painting ☐ Sew	ing □G	ardening	ı ⊟ Handyman	Repairs	□ Cultural Activities	□ Entertainment	☐ Fleet	☐ Landscaping	
□ Exercise □ Dance □ Craft	s □To	our Guide	e 🗆 Musical Ins	struments	□ Cooking/Baking	□ Computers	□ Equipm	ient	
FOREIGN LANGUAGES Fluent:				Read:		Write:			
				16au					
POLICE ACTIVITIES					<u>HOBE</u>	BIES/OTHER			
☐ Neighborhood Canvassing			cian 🗆 Other:		LIOTA	IOFO			
☐ Special Police Events	☐ Fingerpr	rinting			LICEN	<u>NSES</u>			
4. What other commitments such	ae eumm	nar ech	and work enart	e nracti	cae or vacations	do vou have nlanne	d that will in	terfere with your	
volunteer time commitment?	as summ	101 3011	ooi, work, sport	o pracii	bes, or vacations	do you have planne	u iliai wiii ili	teriere with your	
voidinteer time committent:									
5. Are there any physical conditio	ns we sho	ould co	onsider in arrand	aina vol	unteer assignmer	nts for you? Yes	3 N	No	
If "yes," please explain:				J 9					
yee, please explain									
7. How many hours do you wish t	o volunte	er?		Но	ours need by this	date:			
1211 111111, 1121112 22 , 22 111011									
8. Is this a requirement for Sc	hool Cred	dit _	School C.S.		urt C. S. 🔲 Ot	ther			

Fingerprint Information Fingerprint Fingerprint	SUNDAY	days and times you a	re available: TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		
Please note: If your are requesting a volunteer position that will exercise supervisory or disciplinary authority of minors Section 5164 of tallotinary Public Resources Code requires the City of Dublin inquire whether or not you have ever been convicted of certain crimes. You will no complete a supplemental questionnaire and submit this with your volunteer application. In addition, State law requires every adult volunteer been fined prior to that person beginning service if that person will have direct contact with minors. DRIVERS LICENSE # Place of Birth Sex Male Female Date of Birth Place of Birth Sex Male Female Date of Birth Place of Birth Sex Male Female Date of Birth Place of Birth Place of Birth Place of Birth Sex Male Place of Birth	OONDAT	WONDAT	TOLODAT	WEDNEODAT	HIOHODAI	THIDAT	SATORIDAT		
Please note: If your are requesting a volunteer position that will exercise supervisory or disciplinary authority of minors Section 5164 of tallorinary Public Resources Code requires the City of Dublin inquire whether or not you have ever been convicted of certain crimes. You will no complete a supplemental questionnaire and submit this with your volunteer application. In addition, State law requires every, adult volunteer be fingerprinted prior to that person beginning service if that person will have direct contact with minors. DRIVERS LICENSE # Place of Birth Sex Male Female Date of Birth Height Weight Eye Color Hair Color Hay you currently serving or have served probation in the last seven years? Yes No Has your driver's license ever been suspended or revoked? Yes No Hay you ever been fired or forced to resign from previous employment? Yes No Hay you ever been fired or forced to resign from previous employment? Yes No Has you driver's license ever been suspended or revoked? Please list two references, personal or professional, who have known you for at least a year. References Please list two references, personal or professional, who have known you for at least a year. Name Relationship E-mail Address Phone Emergency Contact Relationship Home Phone Work Phone Cell Phone Emergency Contact Relationship Home Phone Work Phone Cell Phone 1					ı				
California Public Resources Code requires the City of Dublin inquire whether or not you have ever been convicted of certain crimes. You will no complete a supplemental questionnaire and submit this with your volunteer application. In addition, State law requires gyery adult volunteer entires of the property of that person beginning service if that person will have direct contact with minors. Price of Birth			<u>Fing</u>	erprint Informati	<u>on</u>				
Date of Birth	California Public Resou to complete a supplem	urces Code requires to ental questionnaire a	ne City of Dublin inc and submit this with	quire whether or not y your volunteer applic	ou have ever bee ation. In addition	en convicted of cert , State law requires	tain crimes. You will nee		
Are you ever been convicted of a felony?	DRIVERS LICENSE #		Plac	ce of Birth		Sex			
Are you currently serving or have served probation in the last seven years? Yes No Has your driver's license ever been suspended or revoked? Yes No Has your driver's license ever been suspended or revoked? Yes No Has your driver's license ever been suspended or revoked? Yes No Has your driver's license ever been suspended or revoked? Yes No Has you were been fired or forced to resign from previous employment? Yes No Has you were been fired or forced to resign from previous employment? Yes No Has year. References Please list two references, personal or professional, who have known you for at least a year. Name Relationship E-mail Address Phone Name Relationship E-mail Address Phone	Date of Birth	Height	Wei	ght	Eye Color	Hair Co	lor		
Are you currently serving or have served probation in the last seven years? Yes No Has your driver's license ever been suspended or revoked? Yes No Has your driver's license ever been suspended or revoked? Yes No Has your driver's license ever been suspended or revoked? Yes No Has your driver's license ever been suspended or revoked? Yes No Has you were been fired or forced to resign from previous employment? Yes No Has you were been fired or forced to resign from previous employment? Yes No Has year. References Please list two references, personal or professional, who have known you for at least a year. Name Relationship E-mail Address Phone Name Relationship E-mail Address Phone	Have you ever been co	nvicted of a felony?			,	Yes □ No □			
If you answered Yes to the above questions you must show dates, City and State, charges and penalties on a separate sheet of paper have you ever been fired or forced to resign from previous employment? Yes No	•	•	bation in the last se	ven years?					
References Please explain on a separate piece of paper.)	Has your driver's licens	se ever been suspend	ed or revoked?	•					
References Please list two references, personal or professional, who have known you for at least a year. Name Relationship E-mail Address Phone		-	-		. •	·	eparate sheet of paper.		
Please list two references, personal or professional, who have known you for at least a year. Name				oyment?	,	Yes No			
Please list two references, personal or professional, who have known you for at least a year. Name				References					
Emergency Contact Emergency Contact Relationship Home Phone Work Phone Cell Phone 1			o references, personal or professional, who have known you for at least a year.						
Emergency Contact Emergency Contact Relationship Home Phone Work Phone Cell Phone 1		ne	Relationshi	p	E-mail Address		Phone		
Emergency Contact Relationship Home Phone Work Phone Cell Phone 1	-								
Emergency Contact Relationship Home Phone Work Phone Cell Phone 1				_					
Volunteer Coaches Only If you wish to coach, which sport do you wish to coach? Which grade?	Emergenc	Emorgonou Contact				Cell Phone			
Volunteer Coaches Only If you wish to coach, which sport do you wish to coach? Which grade? ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-8 ☐ 9-10 ☐ 11-12 Which do you prefer to coach? ☐ BOYS ☐ GIRLS ☐ EITHER ☐ MY SON/DAUGHTER If you want to coach your son and/or daughter's team, please list their names: CHILD'S NAME: ☐ AGE: ☐ CHILD'S NAME: ☐ AGE: ☐ Do you have any coaching certifications? ☐ Yes ☐ No If yes, please list the certification and the date it will expire: CERTIFICATION: ☐ Exp Date: ☐ CERTIFICATION: ☐ Exp Date: ☐ Please explain your youth sports philosophy: ☐ The information contained on this application is correct to the best of my knowledge. I understand that falsification; omission or misstatement information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if accepted as volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin. Graphics	•	y Contact	Helationsiii	p Home	THORE	WORKTHORE	Oell 1 Hone		
If you wish to coach, which sport do you wish to coach? Which grade?	2								
If you wish to coach, which sport do you wish to coach? Which grade?					1				
Which grade?			'						
Which do you prefer to coach? BOYS GIRLS EITHER MY SON/DAUGHTER If you want to coach your son and/or daughter's team, please list their names: CHILD'S NAME:	-	-							
If you want to coach your son and/or daughter's team, please list their names: CHILD'S NAME: AGE: CHILD'S NAME: AGE: Do you have any coaching certifications?	• –				IOLITED				
CHILD'S NAME: AGE: CHILD'S NAME: AGE: AGE: Do you have any coaching certifications?					JGHTER				
Do you have any coaching certifications?	•	•	·						
CERTIFICATION: Exp Date: CERTIFICATION: Exp Date: Please explain your youth sports philosophy: The information contained on this application is correct to the best of my knowledge. I understand that falsification; omission or misstatement information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if accepted as volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin. Ignature: Date:	CHILD'S NAME:		AGE:	CHILD'S	S NAME:		AGE:		
Please explain your youth sports philosophy: The information contained on this application is correct to the best of my knowledge. I understand that falsification; omission or misstatement information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if accepted as volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin. Ignature: Date:	Do you have any coacl	ning certifications?	Yes No I	f yes, please list the o	certification and th	ne date it will expire	: :		
The information contained on this application is correct to the best of my knowledge. I understand that falsification; omission or misstatement information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if accepted as volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin. Ignature: Date:	CERTIFICATION:		Exp Date:	CERTIF	ICATION:		Exp Date:		
information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if accepted as volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin. Ignature: Date:	Please explain your yo	uth sports philosophy							
information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if accepted as volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin. Ignature: Date:									
information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if accepted as volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin. Ignature: Date:									
ignature: Date:	nformation may result	in refusal to assign i	ne a volunteer pos	ition or dismissal fro	m that position.				
	·		•	·					
	griaturo.			Date.					